Official



PTO/SB/98 (08-00)

Approved for use through 10/21/2002, OMB 0651-0031 U.S.Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Petent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner: Ironbridge Netw	orks, Inc					
Application No./Patent No.: 09/113,491	Filed/Issue Date: 07/10/1998					
	Recovery from Communication Link Failures in a Digital Data Network					
Pluris, Inc	a_Corporation					
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)					
states that it is:						
1. X the assignee of the entire right, title, a	and interest; or					
2. an assignee of less than the entire riging. The extent (by, percentage) of its own	ht. title and interest.					
in the patent application/patent identified abo	•					
was recorded in the United States Pai which a copy thereof is attached.	the patent application/patent identified above. The assignment tent and Trademark Office at Reel, Frame, or for					
OR						
assignee as shown below:	f the patent application/patent identified above, to the current					
1. From: Ross W. Callon ملم لع	To: Ironbridge Networks, Inc.					
The document was recorded in t	the United States Patent and Trademark Office at 910, or for which a copy thereof is attached.					
2. From: Ironbridge Networks, In	nc. To Pluris, Inc.					
The document was recorded in the Reel 0125/8, Frame 6.	he United States Patent and Trademark Office at 360 , or for which a copy thereof is attached.					
	То:					
The document was recorded in the	he United States Patent and Trademark Office at, or for which a copy thereof is attached.					
	in of title are listed on a supplemental sheet.					
[] Copies of assignments or other documents [NOTE: A separate copy (i.e., the original)	s in the chain of title are attached. assignment document or a true copy of the original document) in accordance with 37 CFR Part 3, if the assignment is to be					
The undersigned (whose title is supplied below	v) is authorized to act on behalf of the assignee.					
04/10/2002	Diana Everett					
Date	Typed or printed name					
	Signature					
	Vice President of Finance					
	Title					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents, Washington, DC 20231.

Change to the control of the leader of the land of the land						
Please type a plus sign (+) Inside this box		PTO/SB/81 (02-01)				
Under the Paperwork Reduction Act of 1995, no persons are required to re	Approved U.S. Patent and Tradomer aspond to a collection of Informati	ed for use through 10/31/2002. OMB 0851-0035 rk Office; U.S. DEPARTMENT OF COMMERCE on unless it display a valid OMB control number.				
	Application Number	09/113,491				
1	Filing Date	07/10/1998				
	First Named Inventor	Ross W. Callon				
POWER OF ATTORNEY OR	Title	System and Method for Pacilitating Recovery from Communication Link Failures in a Digital Data Network				
AUTHORIZATION OF AGENT	Group Art Unit	2663				
	Examiner Name	T. Nguyen				
	Attorney Docket Number	IBN-0002				
I hereby appoint:						
Practitioners at Customer Number 24'	739					
Practitioner(s) named below:		04720				
Name	Re	edistration Number of Section				
<u> </u>						
<u> </u>						
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Tradema	application identified at ark Office connected the	oove, and to transact all				
Please change the correspondence address for the						
The above-mentioned Customer Number.	2 000 to 10 minute app					
OR		Place Gustomer				
Practitioners at Customer Number		Number Bar Code Label here				
OR Firm or		Laber Have				
Firm or Individual Name						
Address						
Address City						
Country	, State	Zip				
Telephone	Fax					
I am the:	Lax I					
Applicant/Inventor.						
Assignee of record of the entire interest. Se	ee 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclose	ed. (Form PTO/SB/96).					
	ant or Assignee of Recor					
Name Diana Everett (Vice President	of Finance) for Pluris	, Inc.				
Signature + Eucrott						
Date 04/10/2002						
NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below.	entire interest or their repres	entative(s) are required. Submit multiple				
Total of						

Gorms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	
---------------------------------------------	--

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/113,491
Filing Date	07/10/1998
First Named Inventor	Ross W. Callon
Group Art Unit	2663
Examiner Name	T. Nguyen
Attorney Docket Number	IBN-0002

I hereby revol application:	ke all prev	ious powe	ers of attorr	ney or author	zations of ag	ent giver	in the abov	∕e~identified
x A Powe	r of Attori	ney or Aut	horization d	of Agent is su	bmitted here	with.		
OR								
Please o	hange th	e correspo	ondence ad	dress for the	above-identi	fied appli	cation to:	
Customer Number — Place Customer Number Bar Code Label here								
OR								
Firm <i>or</i> Individual Nar	me					1, 1, 1, 1, 1		
Address								
Address								
City						,,		
Country				• · · · · · · · · · · · · · · · · · · ·	State		ZIP	
Telephone					Fax			
I am the:			,					·
☐ Applican	t/Inventor							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name	Diana I			lent of Finar				
Signature	teurett							
Date 04/10/2002								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of		are submitte						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the emount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.